Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

DAVID W WIMBERLEY MD
7401 S MAIN STREET
HOUSTON TX 77030

Carrier's Austin Representative Box
Box Number 19

MFDR Date Received
September 13, 2011

Respondent Name
COMMERCE & INDUSTRY INSURANCE

MFDR Tracking Number
M4-12-0118-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Sent claim to carrier who processed all lines items [illegible]."

Amount in Dispute: $5,106.55

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The adjuster who handled the file no longer works for Chartis. I have forwarded the bill along with the written documentation provided by Summer Tippie to HDI who will review the bill for the 7/27/2010 surgery and send it to be re audited. I will contact the parties when I get the information back from HDI."

Response Submitted by: Chartis, 4100 Alpha Road, Suite 700, Dallas, TX 75244

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 27, 2010	CPT code E0748	$5,106.55	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated September 25, 2010
   - 3 – (B13) Previously paid. Payment for this claim/service may have been provided in a previous payment.

   Explanation of benefits dated November 15, 2010
   - 3 – (A1) Claim/Services denied.
   - 3 – The charge for this procedure exceeds the fee schedule allowance. (Z710)
   - 4 – Your bill was served directly on Chartis in conflict with your contract with direct DME. Accordingly your

bill is objected to. Please send this bill to direct DME, PO Box 857 in Farmington, CT 06034-0857. (I038)

Explanation of benefits dated April 7, 2011

- 3 – (A1) Claim/Services denied.
- 3 – The charge for this procedure exceeds the fee schedule allowance. (Z710)
- 4 – Your bill was served directly on Chartis in conflict with your contract with direct DME. Accordingly your bill is objected to. Please send this bill to direct DME, PO Box 857 in Farmington, CT 06034-0857. (I038)

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A) states: "Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. ... A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the service in dispute listed on the requestors *Table of Disputed Services* shows July 27, 2010. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on September 13, 2011. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307, subparagraph (B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute. For that reason, the merits of the issues raised by both parties to this dispute have not been addressed.

Authorized Signature

Signature	Medical Fee Dispute Resolution Officer	July 25, 2012 Date

YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.